

GEORGIA BOARD OF PHARMACY
Continuing Education Program
Application & Approval Form

Sponsoring Group: _____

Program Title: _____

Date of Program: ____/____/____

Program Site: _____

Intended Audience: _____

Goals/Behavioral Objectives: _____

Program: (Attach promotional material and/or Program Outline and short curriculum vitae for speakers)

Method of Instruction: _____

Evaluation Method: (Attach copy of instrument used): _____

Person completing this form: _____

Address: _____

Phone Number: () _____ - _____

Date: ____/____/____

Hrs. Requested: _____

TO BE COMPLETED BY THE GEORGIA BOARD OF PHARMACY:

Date Received: ____/____/____

Hrs. Approved: _____

Approved _____ **Disapproved** _____

Date: ____/____/____

Approved By: _____

Program #: _____

Comments: _____
